

## PHILOSOPHY OF CARE

Heartland Alliance advances the human rights and responds to the human needs of the poor, the isolated, and the displaced by providing comprehensive and respectful services while promoting solutions leading to a more just global society. Staff and programs provide integrated care through multidisciplinary treatment teams that coordinate mental health treatment, primary health care, substance use treatment, legal representation, affordable housing, family and community support, employment opportunities, and benefits and entitlements. All services promote human dignity and empower participants, and most are community-based and are culturally and linguistically appropriate. Evidence-based practices and promising practices are incorporated into a model of care that emphasizes the art and nuance of developing a relationship with each participant. This model recognizes that participants are experts about themselves, acknowledges participants and staff each bring experiences, skills, tools, knowledge of services and expertise to the relationship and that this relationship takes place within the context of an organization that has both assets and limitations as dictated by policy, law and funding. Participants who enter Heartland Alliance's service system do so with the understanding that they are making the choice to accept, and will be expected to abide by program expectations, organization policy and funder requirements. The following core principles guide service delivery throughout our programs:

## **Human Rights**

Each and every human being has the right to belong to a community without experiencing discrimination, isolation, or fear; the right to speak from a position of equality and power; the right to make choices; the right to impact how services are provided; and the right to develop the skills and supports necessary to improve and sustain his or her quality of life. To promote human rights, in addition to providing direct care to program participants, staff must be agents of change within service systems and the community at large. Staff advocate for policies and laws that include our participants in all aspects of society. Each and every action we take promote human rights by:

- Offering and providing care in a manner that ensures participants' dignity and eliminates shame, humiliation, and stigma;
- Ensuring participants understand their rights in addition to facilitating access to safe and affordable housing, health care, employment services, a living wage, benefits and entitlements, and other supportive services; educating program participants about the availability of services;
- Providing education to participants about the Universal Declaration of Human Rights and their entitlement to the full enumeration of these rights;
- Offering participants access to information including information regarding evidence-based and promising practices, and exploring choices;
- Creating opportunities for participants to organize and advocate on their own behalf;
- Promoting an organizational culture of transparency and accountability by seeking input from and collaborating with participants in developing the most appropriate plan of action or care plan; and

• Ensuring program policies and responsibilities of staff and participants take into account the rights of the individual while respecting the needs and well-being of our communities; ensuring consistent adherence to these expectations.

# **Strength-Based Assessment and Intervention**

Providing care from a strength-based perspective requires us to see the potential and capabilities our participants possess. We emphasize a holistic approach that builds on the positive factors each individual or family brings to the relationship, rather than focusing solely on what is missing. We understand that these strengths have helped our participants survive illness, loss, and trauma. Our programs and interventions are designed to reinforce these adaptive attributes, enhance and build skills, and emphasize resilience and efficacy by:

- Helping participants identify and build upon their adaptive skills and strengths, and generalize them to other parts of their lives;
- Teaching participants to break the cycle of living from crisis to crisis and to move from survival mode to planned efforts to improve quality of life;
- Helping participants to recognize when a strength that was adaptive is no longer helpful or needed, and when re-learning is indicated or has already taken place;
- Building upon the participant's internal resources, as well as his or her support system to create sustainable change, while reducing reliance on the program, provider, organization, or other like services when possible;
- Collaborating with participants to develop interventions and plans that are realistic and achievable, that are determined by both the participants' goals and recommended service options; and
- Celebrating all efforts and successes, while recognizing setbacks for what they are opportunities to learn and grow.

#### **Harm Reduction**

Harm reduction promotes the human rights of all individuals, including those who engage in potentially harmful behaviors, such as substance use, by offering a continuum of service options and strategies that include abstinence as a goal for some, while embracing and celebrating steps that reduce harm along the way and improve the quality of life for others. Harm reduction recognizes that people marginalized by high-risk behaviors have the right to access services and be treated with dignity and respect. The philosophy of harm reduction recognizes the resilience of people who engage in these behaviors and aims to reduce stigma associated with them. At the same time, harm reduction neither ignores nor condemns the potential harms or consequences of high-risk behaviors to individuals, families, and communities. Heartland Alliance does not promote or enable harmful behaviors, or protect individual participants from experiencing the consequences of the choices they make. As a harm reduction oriented organization our responsibility includes balancing the need of the individual with that of the community to ensure our programs remain accessible and harm-free for all of our participants and staff. Our programs, providers, and services practice harm reduction by:

- Developing and offering a wide range of options and choices to facilitate positive change and seeking to expand access to such options;
- Exploring with participants the benefit of changing, reducing or eliminating high-risk behaviors;
- Establishing and maintaining a relationship with participants who continue to engage in high-risk behaviors:
- Continually and collaboratively defining and redefining success;

- Reaching out to help participants engage in services, build motivation, and recognize that ambivalence is endemic to the process of change;
- Acknowledging that high-risk behavior can be adaptive, helping some participants survive and cope with traumatic life events and that alternative coping strategies must be developed to ensure successful outcomes; and
- Being a genuine, nonjudgmental partner in the change process, recognizing that the decisionmaking power rests with the participant, while being the holder of hope at times when the participant cannot be.

## **Trauma-Informed Care Organization**

Because so many of the participants we encounter are survivors of some form of trauma, Heartland Alliance's services are based on a trauma-informed approach. Trauma comes in many forms including: community violence, poverty, personal violence, torture, loss of homeland, war, fear, homelessness, oppression, imprisonment, racism and environmental degradation. Employing trauma survivors, when appropriate, to deliver services, advocate, and inform program development and policies, while providing training and support necessary to ensure their success in these roles is encouraged. A trauma informed approach means:

- Assuming that all participants have survived trauma, to avoid inadvertently or unnecessarily retraumatizing them;
- Asking participants about their experience of trauma when assessing them for services, to help participants discuss their experiences and plan appropriately;
- Evaluating the risks of retraumatization with regards to chosen goals; working to minimize risks if possible or explore the appropriateness of goals in consideration of potential retraumatization;
- Recognizing and respecting when participants are not ready to talk or re-experience their trauma;
- Offering specific trauma-informed treatment interventions or access to appropriate services when needed;
- Assessing participants' current safety and enhancing participant skills to establish safety;
- Acknowledging participants' resilience and strength as trauma survivors, while supporting and building upon these adaptive skills;
- Providing participants with the opportunity to discuss and master their experiences in a way that empowers them;
- Recognizing the signs and symptoms of secondary, vicarious trauma among staff and developing training and support mechanisms for staff; and
- Revising policies and practices to ensure that barriers that prevent trauma survivors from
  engaging in services, seeking or maintaining employment, or actively participating in the
  organization are eliminated.

### Invite, Recognize, and Embrace Differences

The success of our programs depends on our ability to tailor relationships, interventions, staff, and services to the individual participant, family, or community. No one model of care or provider will be effective in all settings or with all individuals. Our philosophy of care invites and welcomes diversity. These differences may include race, ethnicity, national origin, socioeconomic status, gender, sexual orientation, age, disability, religion, education, definition of family, and experience of recovery, health, and treatment. These differences also include various roles and areas of expertise and experience that our staff provides. Our commitment to diversity and our services themselves are strengthened by:

- Creating communities within our programs where differences are welcome and celebrated, and where intolerance and discrimination are extinguished;
- Discarding inaccurate assumptions and biases that affect the relationship, thereby letting
  participants teach us about themselves and what they need;
- Employing staff who reflect the diversity of the participants we serve, who are curious about differences, and who are open to learning what our participants teach us about diversity;
- Recognizing that there may be indigenous practices and treatment modes that are accepted, respected, and chosen by participants; and seek to provide complementary or integrated care;
- Recognizing that to genuinely embrace differences, our model of care will balance participant needs with practitioner expertise and at times will necessitate our programs, policies or providers to change and grow, rather than expecting the participant to conform to what is offered. At the same time, there may be times when the organization is not able to provide services because of competing demands or when compromise is not possible;
- Tolerating both ambiguity and the unknown; being flexible; accepting that participants are experts about themselves; giving the participant control when possible; and
- Recognizing how oppression affects participants; striving to create relationships and opportunities
  that promote equality, freedom from fear, and rebalancing the power dynamic between
  participants and staff or perceived authority figures.